## OFFICIAL PLE ILLINOIS COMMERCE COMMISSION

## **FORMAL COMPLAINT**

ORIGINAL

Illinois Commerce Commission 527 East Capitol Avenue Post Office Box 19280 Springfield, Illinois 62794-9280

		For Commission Use Only:
Regarding a complaint	•	- $00-0677$
by Melvin Butler represented by Denise But	:ler	Case O O C 1
(Person making the complaint)		
against Ameritech	•	TLLINOIS RERCE COMMISSION 26 2 47 PH '00 EF CLERK'S OFFIC
(Utility name)		2
. discontinuones of country		CLERK'S OFFICE
as to discontinuance of service		PH S 0
		OFFICE OFFICE
(Reason for complaint) in Chicago	Illinois.	CF D
My mailing address is 8231 S. Kimbark  The service address that I am complaining about is the sa	зте	
My home telephone number is [ 773 1 375 - 1161		
Between 8:30 a.m. and 5:00 p.m. weekdays I can be reached	lat[ 312 ]814-1677 (Deni	<u>se Butl</u> er)
Ameritech	(respondent) is a public utility an	d is subject to the provisions of
(Full name of utility company) the Illinois Public Utilities Act.		
In the space below, list the specific section of the law, Comm complaint.	ission rule(s), or utility tariffs which	you think are involved with you
83 IL ADC 735.100(f)		
	- Harrison	
Have you contacted the Consumer Affairs Division of the I this complaint?	Ilinois Commerce Commission ab	oout <u>x</u> Yes <u>         No</u>
Has your complaint filed with that office been closed?		<u>x</u> Yes <u> </u>

Please state your complaint briefly. Number each of the paragraphs. Please include any specific time period and dollar amounts involved with your complaint. Use an extra sheet of paper, if needed.
See Attachment.
Please clearly state what you want the Commission to do in this case.
I would like our service to be restored and Melvin not be held responsible for an account he did not request service.
Date: July 24, 2000 (Month, day, and year)  Complainant's signature Melvin Gutter / Dense Butter
Complainant's signature Melvin Butter / Denise Butter
If you will be represented by an attorney, please give the attorney's name, address, and telephone number.
You need to file the original and three copies of this form with the Commission and also provide the Commission one copy for each utility complained about (referred to as respondents).
VERIFICATION
A notary public must watch you fill out this part of the form.
I, <u>Senise</u> <u>Buffer</u> , first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge.
Denise & Butter
(Signature) Subscribed and sworn/affirmed to before me this 24 day of fully go oo .
Notary Public, Illinois "OFFICIAL SEAL"
NOTE:  IDA BOYKIN  Notary Public, State of Illinois  My Commission Exp. 12/30/2002
Failure to answer all of the questions on this form may result in this form being returned to you without processing. If you have questions, please call the counselor in the Consumer Affairs Division that handled your informal complaint.

cc207/07